

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

AUGMENTATIVE COMMUNICATION ASSESSMENT PRE-EVALUATION INFORMATION

This form should be completed by one or more people familiar with the individual, such as a family member, support coordinator, therapist, teacher, day program coordinator, etc. Detailed information will help the evaluation team recommend the most appropriate communication system for the individual. Use last page for additional information.

BACKGROUND INFORMATION

INDIVIDUAL'S NAME		DATE OF BIRTH	AGE
ADDRESS (No., Street, City, State, ZIP)			
PARENT/GUARDIAN'S NAME		PHONE NO.	
SUPPORT COORDINATOR'S NAME	PHONE NO.	FAX NO.	
SCHOOL/DAY/WORK PROGRAM	CONTACT PERSON	PHONE NO.	
DIAGNOSES			

SIGNIFICANT MEDICAL HISTORY/PRECAUTIONS, INCLUDING *(Please describe for any checked box)*

☐ Seizures ☐ Brittle bones ☐ Pain ☐ Medications ☐ Recent surgery ☐ Other:

COMMUNICATION

WHY IS AN AUGMENTATIVE COMMUNICATION DEVICE BEING CONSIDERED FOR THIS INDIVIDUAL

HOW DOES THE INDIVIDUAL PRESENTLY COMMUNICATE *(Check all that apply and explain below)*

☐ Words ☐ Incomplete words ☐ Eye gaze ☐ Gestures ☐ Facial expressions ☐ Sign language
☐ Picture/symbol board ☐ Spelling/word board ☐ Communication device ☐ Other:

PHYSICAL STATUS *(Check all that apply to individual)*

ABILITY TO HOLD HEAD UP	COMMENTS
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
ABILITY TO SIT WITHOUT SUPPORT	COMMENTS
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
MUSCLE TONE IN ARMS/HANDS	MUSCLE TONE IN LEGS/FEET
<input type="checkbox"/> Floppy <input type="checkbox"/> Average <input type="checkbox"/> Stiff <input type="checkbox"/> Varies	<input type="checkbox"/> Floppy <input type="checkbox"/> Average <input type="checkbox"/> Stiff <input type="checkbox"/> Varies
DESCRIBE ANY BONY DEFORMITIES OR SIGNIFICANT LIMITATIONS IN JOINT MOVEMENTS	

Equal Opportunity Employer/Program ♦ Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting 602-542-6825.

MOBILITY (Check all that apply to individual)

WALKING ABILITY

☐ Independently ☐ With Assistance ☐ Does not walk

COMMENTS

BALANCE

☐ Steady ☐ Fair ☐ Poor ☐ Falls frequently

COMMENTS

MOBILITY AIDS

☐ AFOs ☐ Canes ☐ Crutches ☐ Walker ☐ Scooter ☐ Manual wheelchair: ☐ Self-propels: Type: _____☐ Power wheelchair: Type: _____ ☐ Drives independently ☐ Joystick control location: _____

HOW LONG HAS THE INDIVIDUAL HAD THE CURRENT WHEELCHAIR(S)

CUSTOM SEATING SYSTEM (Type)

DESCRIBE ANY PROBLEMS WITH THE CURRENT WHEELCHAIR SYSTEM

DOES THE INDIVIDUAL HAVE AN APPOINTMENT FOR SEATING CLINIC

☐ No ☐ Yes

DOES THE INDIVIDUAL USE PUBLIC TRANSPORTATION

☐ No ☐ Yes

ARE THERE ANY SAFETY OR OTHER CONCERNS RELATED TO MOBILITY

HAND FUNCTION/MOTOR CONTROL

HAND PREFERENCE

☐ Right ☐ Left ☐ Both ☐ Unknown

INDIVIDUAL'S ABILITY TO USE HANDS

☐ Not able to use hands ☐ Right only ☐ Left only ☐ With no difficulty ☐ With limited movement/coordination*Describe:*

CAN INDIVIDUAL PICK UP AND HOLD A

☐ Cup ☐ Spoon ☐ Cookie ☐ Raisin

CAN INDIVIDUAL PLACE AND LET GO (WITHOUT DROPPING) A

☐ Cup ☐ Spoon ☐ Cookie ☐ Raisin

CAN INDIVIDUAL OPEN AND CLOSE

☐ Buttons ☐ Zippers ☐ Tie shoelaces

IS INDIVIDUAL ABLE TO POINT TO AND PRESS BUTTONS OF THE SIZE FOUND ON

☐ Pop machines ☐ Elevators ☐ Telephones

DOES INDIVIDUAL DROP THINGS

☐ Not usually ☐ Sometimes ☐ Often

INDIVIDUAL COMPLETES WRITING TASKS WITH (Check all that apply):

☐ Unable to write ☐ Regular pen ☐ Adapted pen ☐ Typewriter ☐ Word processor (type/software) _____☐ Other writing aids

INDIVIDUAL USES OTHER BODY PARTS/DEVICES TO HOLDING OR MOVING OBJECTS:

☐ Head ☐ Mouth ☐ Leg ☐ Foot ☐ Mouthstick ☐ Headstick ☐ Other (Describe): _____

IF HAND FUNCTION IS POOR OR ABSENT, DOES INDIVIDUAL USE SWITCHES TO MANIPULATE AND CONTROL THINGS

☐ No ☐ Yes If Yes, please indicate types of switches, where they are placed, and what activities they are used for: _____**SENSORY ISSUES****Hearing**

IS HEARING FUNCTIONAL

☐ At home ☐ At school or work ☐ At other community locations

CONCERNS

DOES THE INDIVIDUAL USE ASSISTED LISTENING DEVICES

☐ No ☐ Yes ☐ Type: _____

IS THE INDIVIDUAL EASILY DISTRACTED BY NOISY ENVIRONMENTS

☐ No ☐ Yes**Vision**

DOES THE INDIVIDUAL WEAR GLASSES

☐ No ☐ Yes ☐ Reason(s): _____

DOES THE INDIVIDUAL SEE EQUALLY WELL WITH BOTH EYES

☐ No ☐ Yes

IF INDIVIDUAL IS CONSIDERED CORTICALLY BLIND, DESCRIBE HIS/HER VISUAL FUNCTION

DOES THE INDIVIDUAL PREFER TO LOOK AT PICTURES THAT ARE

☐ Color ☐ Black & white ☐ Unknown Size: _____

IS INDIVIDUAL ABLE TO FOLLOW MOVEMENTS OF OBJECTS WITH AT LEAST ONE EYE

☐ No ☐ Yes ☐ Right ☐ Left ☐ Unknown

IS INDIVIDUAL EASILY DISTRACTED BY VISUAL STIMULATION

☐ No ☐ Yes

DESCRIBE ANY KNOWN VISUAL/PERCEPTUAL DIFFICULTIES

SENSORY ISSUES (Cont.)**Other Sensory Information**

IS THE INDIVIDUAL OVERLY SENSITIVE TO

☐ Unfamiliar/unexpected touch ☐ Textures ☐ Odors ☐ Noise ☐ Lights ☐ Certain Food(s)
*Describe typical reaction:***BEHAVIORAL ISSUES**

THE INDIVIDUAL'S TYPICAL ACTIVITY LEVEL CAN BE DESCRIBED AS

☐ Low ☐ Average ☐ High (hyperactive)

INDIVIDUAL ROUTINELY ENGAGES IN SELF-STIMULATING BEHAVIOR

☐ No ☐ Yes *Describe:*

A TYPICAL RESPONSE TO UNFAMILIAR PEOPLE/PLACES IS:

☐ No significant reaction ☐ Withdrawal ☐ Overexcitement *Describe:*

THE INDIVIDUAL IS KNOWN TO ENGAGE IN AGGRESSIVE BEHAVIORS IN CERTAIN SITUATIONS

☐ No ☐ Yes *Describe behaviors and situations:*

THE INDIVIDUAL IS MOTIVATED BY

THE INDIVIDUAL'S ABILITY TO FOLLOW SIMPLE DIRECTIONS (1 or 2 steps) IS

☐ Good ☐ Fair ☐ Poor ☐ Inconsistent

THE INDIVIDUAL'S ABILITY TO FOLLOW MULTI-STEP INSTRUCTIONS IS

☐ Good ☐ Fair ☐ Poor ☐ Inconsistent
ADDITIONAL COMMENTS/INFORMATIONNAME OF PERSON(S) COMPLETING FORM *(Please print)*

RELATIONSHIP TO INDIVIDUAL

SIGNATURE

DATE

RETURN THIS COMPLETED PRE-EVALUATION TO THE INDIVIDUAL'S SUPPORT COORDINATOR.